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216. TIME (Most) (Day) (Year) (Hour) 216. INJURY OCCURRED 217. HOW DID INJURY OCCUR? WHILE AT WORK AT WORK AT WORK 22. I hereby certify that I attended the deceased from 8 - 5 , 1952, to 9 - 5 , 1952, that I last saw the decease alive on 9 - 4 , 1952, and that death occurred at 11:45 pm., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 24a. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (Biste) BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) BURIAL CREMA- 1952 HAYMONEY CROYS LINCOLN COUNTY MISSOURI DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS LISDORTY, M Elsberry, M	SUICIDE HOMICIDE	pacify) 216	b. PLACE OF INJ	URY (s.g., in or about treet, office bidg., etc.)	Zic. (CITY, TOWN, O	R TOWNSHIE	P) (COUN	(אַד	(STATE)
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the rev	erse side of this certific	ate was embalm	ed by me, or	by
	Stud	lont Embalmer	Mo	
corking under my personal supervision.	100		> '	A

Licensed Embalmer No...

P. O. Address P.

If this body is not embalmed, fact should be so stated above.